



**REQUEST FOR SELF-EMPLOYMENT RECORDS**

Name of Applicant: \_\_\_\_\_ *All Kids*/FamilyCare Number : - - Date \_\_\_\_\_

We have received your application for *All Kids*/FamilyCare, but more information is needed about \_\_\_\_\_ who you reported as being self-employed.

Expenses of producing income include, but are not limited to, things like inventory, materials, services, transportation costs, employee salaries, advertising and space rental. Depreciation, charitable contributions, entertainment and personal expenses are NOT considered expenses for *All Kids*/FamilyCare purposes. Be sure to include all transactions which occurred during the last 30 days and fill in today's date (above) and the type of business (below).

If you do not provide the last 30 days of detailed income and expense records as requested, the *All Kids* Unit will deny your request for health benefits. Please call the Verification Unit toll-free at 1-877-805-5312 if you have questions about this request.

Period of Business Records requested: \_\_\_\_\_ through \_\_\_\_\_ Business Type (ex. Taxi driver, farmer) \_\_\_\_\_

Business Income			Business Expenses		
Date Received	Income Source	Income Before Expenses	Date Paid	Expense/Item Purchased/ Paid to Whom	Amount

